



10TH FLOOR • TWO LEADERSHIP SQUARE  
211 NORTH ROBINSON • OKLAHOMA CITY, OK 73102-7103  
(405) 235-9621 • FAX (405) 235-0439  
[www.mcafeetaft.com](http://www.mcafeetaft.com)

RECEIVED  
CENTRAL FAX CENTER

MAR 30 2009

MICHAEL J. LABRIE  
ATTORNEY AT LAW

WRITER DIRECT  
(405) 552-2305  
FAX (405) 228-7305  
[michael.labrie@mcafeetaft.com](mailto:michael.labrie@mcafeetaft.com)

**FAX MESSAGE**

**TO:** U. S. Patent and Trademark Office      **FAX NO.:** 571-273-8300  
Attn: Application Assistance Unit

**FROM:** Mike LaBrie      **DOCKET NO.:** 00677.1

**DATE:** March 30, 2009

**RE:** U. S. PATENT NO.: 7,041,213  
**TITLE:** STORMWATER PRETREATMENT AND DISPOSAL  
SYSTEM  
**INVENTOR:** Shawn McClanahan  
**ASSIGNEE:** QuikTrip Corporation

THIS MESSAGE AND THE DOCUMENTS ATTACHED MAY CONTAIN PRIVILEGED ATTORNEY/CLIENT COMMUNICATIONS OR ATTORNEY WORK PRODUCT. ONLY THE ABOVE ADDRESSEE IS THE AUTHORIZED RECIPIENT OF THIS MESSAGE OR THE ATTACHMENTS. PLEASE SEE THAT NO OTHER PERSON OBTAINS ACCESS TO THIS CONFIDENTIAL MATERIAL. ANY OTHER DISTRIBUTION OF THIS MATERIAL IS UNAUTHORIZED.

IF YOU HAVE RECEIVED THIS FAX IN ERROR, PLEASE DESTROY ALL COPIES AND NOTIFY US AS SOON AS POSSIBLE AT (405) 235-9621, EXT. 3348.

Number of pages including cover sheet: 3 Operator lbp

If a problem should occur during transmission,  
please call (405) 235-9621, Ext. 3348.

RECEIVED  
CENTRAL FAX CENTER

MAR 30 2009

PTO/SB/81A (12-08)

Approved for use through 11/30/2011. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PATENT - POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Patent Number	7,041,213
	Issue Date	5/9/2006
	First Named Inventor	Shawn McClanahan
	Title	STORMWATER PRETREATMENT AND DISPOSAL SYSTEM
	Attorney Docket Number	00677.1

I hereby revoke all previous powers of attorney given in the above-identified patent.

 A Power of Attorney is submitted herewith.**OR** I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

24919

**OR** I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified patent to:

 The address associated with the above-mentioned Customer Number.**OR** The address associated with Customer Number: \_\_\_\_\_**OR** Firm or Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

I am the:

 Inventor, having ownership of the patent.**OR** Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

SIGNATURE of Inventor or Patent Owner

Signature	<i>Stephen C. Sullivan</i>	Date	3/27/09
Name	<i>Stephen C. Sullivan</i>	Telephone	
Title and Company	QuikTrip Corporation		

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

MAR 30 2009

PTO/SB/96 (02-09)

Approved for use through 03/31/2009. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: QuikTrip Corporation

Application No./Patent No.: 7,041,213

Filed/Issue Date: 5/9/2006

Titled: STORMWATER PRETREATMENT AND DISPOSAL SYSTEM

QuikTrip Corporation

, a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1.  the assignee of the entire right, title, and interest in;
  2.  an assignee of less than the entire right, title, and interest in  
(The extent (by percentage) of its ownership interest is \_\_\_\_\_ %); or
  3.  the assignee of an undivided interest in the entirety of (a complete assignment from one of the joint inventors was made) the patent application/patent identified above, by virtue of either:
- A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014975, Frame 0860, or for which a copy therefore is attached.

OR

- B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
 The document was recorded in the United States Patent and Trademark Office at  
 Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

2. From: \_\_\_\_\_ To: \_\_\_\_\_  
 The document was recorded in the United States Patent and Trademark Office at  
 Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

3. From: \_\_\_\_\_ To: \_\_\_\_\_  
 The document was recorded in the United States Patent and Trademark Office at  
 Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet(s).

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature

Printed or Typed Name

Date

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PAGE 3/3 \* RCVD AT 3/30/2009 3:55:07 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-6/17 \* DNIS:2738300 \* CSID:405 235 0439 \* DURATION (mm:ss):01:14